

**DECLARATION
and
DESIGNATION OF CORRESPONDENCE ADDRESS**

As an inventor named below, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought in the specification GP-304329, entitled

**METHOD AND SYSTEM FOR ESTABLISHING A TELEPHONY
DATA CONNECTION TO A RECEIVER**

I have reviewed and understand the contents of the above-identified specification including the claims, as amended by any amendment referred to in this Declaration.

I acknowledge my duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in title 37 Code of Federal Regulations, Section 1.56.

I further declare that all statements made above of my own knowledge are true, that all statements made above on information and belief are believed to be true, and that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under title 18 United States Code, Section 1001 and may jeopardize the validity of the application or any patent issuing thereon.

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Inventor's signature

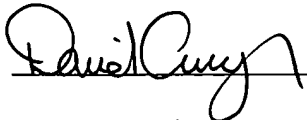


Date

11/24/03

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Inventor's signature 
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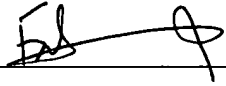
Date: Nov. 24th, 2003

Declaration dated: _____

On this _____ day of _____, 2003, before me personally appeared DAVID GEORGE, known to me to be the person who executed the foregoing instrument, and acknowledged that he/she executed the same.

(SEAL)

Notary Public
My commission expires:
County of Authorization:

Inventor's signature 
Full name: FAHD LAGHRARI
Residence: Warren, Michigan

Date: 11/24/03

Declaration dated: _____

On this _____ day of _____, 2003, before me personally appeared FAHD LAGHRARI, known to me to be the person who executed the foregoing instrument, and acknowledged that he/she executed the same.

(SEAL)

Notary Public
My commission expires:
County of Authorization: